

DISTAL BICEPS REPAIR REHAB PROTOCOL AND POST-OP INSTRUCTIONS

This protocol has been developed to guide the rehabilitation after repair for a distal biceps rupture. The protocol may vary in length and aggressiveness depending on factors such as: acute versus chronic condition, use of allograft for chronic ruptures, and surgical findings.

For patients at a glance/post op instructions:

- a. **Splint:** You will be placed into a splint and sling following surgery. The splint will stay on for 2 weeks at all times after surgery and will be removed at your first post-operative appointment.
 - i. The sling may be removed for comfort. It is usually more comfortable to wear the sling while walking.
 - ii. Begin to work on range of motion of the fingers and wrist the day after surgery.
- b. **Showering: Ok to shower or bathe, keeping splint covered with saran wrap and tape or something similar.**
- c. **Pain Medications:** Take the prescribed pain medications as directed. You can supplement your pain control with over-the-counter ibuprofen/motrin and Tylenol if needed, making sure to follow the dosage as recommended on the bottle.
- d. **Elevation:** Elevate the operative side at heart level minimum 4-6 hours per day for the first 3 days following surgery.
- e. **Activity/Lifting:** Spend the first day or two resting/recovering after surgery. You can begin light activity ~2 days following surgery. No lifting > 5 lbs with the operative extremity.
- f. **Exercises:** Begin to work on range of motion of the fingers/wrist the day after surgery. Gentle range of motion through the shoulder is also ok following surgery.
- g. **Physical Therapy:** You can see the physical therapist of your choice. Call the physical therapy office to schedule your first appointment ~ 2 weeks after surgery after your splint is removed.
- h. **Driving:** There is no conclusive data about when it is safe to return to driving after elbow surgery. **You cannot drive while taking pain medications.** In general, it is recommended to wait to drive until you feel as if you can do so safely and you can make evasive maneuvers if required.

I. REHABILITATION PROTOCOL. WEEKS 0-2

- a. Splint stays on at all times
- b. Sling for comfort
- c. Begin wrist range of motion, grip strengthening finger range of motion
- d. Shoulder pendulums

II. REHABILITATION PROTOCOL. WEEKS 2-4

- a. Splint will be removed at your first post-operative appointment
- b. Wear sling while in public/sleeping
 - i. Remove sling when awake and resting at home
- c. Active elbow extension, active pronation
 - i. **No passive elbow extension exercises**
- d. Passive elbow flexion, passive supination exercises
 - i. **Avoid repetitive active elbow flexion/supination**

- e. Continue active wrist ROM/grip strengthening
- f. Shoulder pendulums/active shoulder ROM
- g. **No lifting > 5 lbs**

III. REHABILITATION PROTOCOL. WEEKS 4-6

- a. Wear sling while in public
 - i. Ok to remove sling for sleeping
- b. Active elbow extension, active pronation
 - i. **No passive elbow extension**
- c. Active/Passive elbow flexion, Active/Passive supination
- d. **No lifting > 5 lbs**

IV. REHABILITATION PROTOCOL. WEEKS 6-8

- a. Can discontinue sling
- b. Resume normal activities of daily living
- c. Full active/passive range of motion of the elbow allowed
 - i. Passive elbow extension if patient does not have full extension
- d. Begin isometric strengthening
- e. **No lifting > 10 lbs**

V. REHABILITATION PROTOCOL. WEEKS 8-12

- a. Achieve full range of motion
- b. Begin gentle isotonic strengthening exercises
- c. **No lifting > 20 lbs**

VI. REHABILITATION PROTOCOL. WEEKS 12-16

- a. Advance strength training
- b. **No lifting > 30 lbs**

VII. REHABILITATION PROTOCOL. WEEKS 16+

- a. Advance strength training
- b. **No lifting restrictions**
- c. Return to sports 4-6 months when full range of motion achieved and 80% strength compared to contralateral side.